

King County Accountable Community of Health

Regional Health Improvement Plan Work Group

July 23, 2015, 11:00 a.m. – 12:30 p.m.

Chinook Building, Conference Room 1311

Members Present:

Susan Amberson (Neighborcare Health), Erica Azcueta (City of Auburn), Elizabeth “Tizzy” Bennett* (Seattle Children’s Hospital), Alaric Bien (City of Redmond), Sara Doty (Sea Mar Health Centers, on behalf of Federico Cruz-Uribe), Kris Lee* (Amerigroup Washington, Inc.), Cheryl Markham (KC Department of Community & Human Services), Mary Shaw (United Way of King County), Kim Tully (Solid Ground), Andrea Yip (City of Seattle Aging & Disability Services)

*ACH Leadership Council member

Members Not Present, no delegate:

Aren Sparck (Seattle Indian Health Board)

Shelley Cooper-Ashford (Center for MultiCultural Health)

Sectors not yet represented:

Mental health/substance abuse

Staff:

Gloria Albetta, Laurie McVay, and Janna Wilson (Public Health – Seattle & King County),

Guests:

David Buckley (Hopelink), Ellie Wilson-Jones (Sound Cities Association)

INTRODUCTIONS AND OBJECTIVES

Gloria Albetta reviewed the agenda and noted the meeting’s objectives to get to know each other and to review the charter. Members introduced themselves, noting their history with needs assessment work. Janna Wilson provided an overview of the King County Accountable Community of Health (ACH) and how the Regional Health Improvement Plan (RHIP) Work Group fits into the overall goals of the ACH. The premise of the ACH work is that there are high priority issues that require cross-sector work in order to move the needle on health and wellbeing in our region. The charge for the RHIP Work Group is to 1) develop an inventory of assessments and their priorities and 2) identify an approach for the development a future Regional Health Improvement Plan.

Cross-sector work is difficult by nature. The challenge is focusing the efforts of multiple sectors on a collective vision. King County’s Health and Human Services (HHS) Transformation team is already doing this work. Initiatives such as Communities of Opportunity, Familiar Faces, and housing-health partnerships all made significant progress in the past year in engaging multiple sectors in their work to improve outcomes related to health, housing, justice system involvement, economic opportunity, and more. In 2015, King County Hospitals for a Healthier Community – a collaborative of 12 hospitals and health systems and Public Health-Seattle & King County-- issued its first joint community health needs assessment. This cross-sector work provides a starting point for the King County ACH and the RHIP work group.

Questions facing this group are:

- How will the RHIP be used? What is it? What is it not? The state was not very prescriptive in the deliverable.
- Is there a way to think about working toward a systematic articulation of a shared set of priority issues? The RHIP is not static, it will need to change and evolve over time.
- The State is looking at partnering with the Federal government via a Global Medicaid Waiver. If the waiver ends up tied to the ACH, then the RHIP could also inform Medicaid innovation investments as well as other health improvement interventions.

Janna distributed a copy of the infographic, *Invest In Your Community: 4 Considerations to Improve Health & Well-Being for All* (http://www.cdc.gov/chinav/docs/chi_nav_infographic.pdf) and opened up the conversation for thoughts and questions from the members. The topics discussed included:

- The King County HHS Transformation initiatives were used to inform the development of the ACH. The ACH and RHIP work are not limited to those efforts or issues.
- The Performance Measurement work group (PMW) has been formed and their work, which could be helpful in determining the RHIP priorities, is progressing
- The regional ACHs have indicated a desire to determine – in conjunction with the State –common priorities; e.g. set up as a menu with different options that the ACHs could pick and choose from to include in the development of their ACH.
- Among the regional ACHs that are still in the development stage, King County is far along and very organized.
- The RHIP work group's mandate is to come up with recommendations for an approach to the development of a Plan. There are several potential sources of funding. The opportunity for cross-sector integration and the outcome of what funding is received will be a vital factor in determining what aspects of the recommendations will move forward.
- The global waiver decisions and funding will be within the timeframe of this group's work. However, it is important to note that the ACH and RHIP work is being done in conjunction with Healthier Washington; its efforts are casting a wide net (beyond the Medicaid population) and will move forward regardless of the outcome of the global waiver (which is focused on Medicaid).
- King County, via the Assessment, Policy Development & Evaluation group, has a plethora of data. Yet, there are many other sources of data that could be tapped.

REVIEW OF CHARTER AND SCOPE OF WORK

Gloria led the discussion on the draft RHIP Work Group charter. She noted that the charter is essentially a roadmap of the work that will be done by the RHIP work group. The draft charter was developed by Gloria as a conversation starter and was set up similar to the ACH Interim Leadership Council's (ILC) and the PMW's charters. The discussion was opened up for comments, questions, and suggestions. The topics discussed included:

Deliverables

The scope includes three (3) main deliverables:

1. Submit a Regional Health Needs Inventory to the ILC in September. This requires taking inventory of King County regional health initiatives, community assessments, and priorities.
2. Recommend an approach for the development of a Regional Health Improvement Plan at the November 16 ILC meeting. The plan should include a proposed future role, home, and structure for the RHIP work group in 2016.
3. Submit a final report to the ACH Leadership Council summarizing 2015 work and proposed next steps.

Challenges

- How will we avoid duplicating work done by other initiatives? Other regions are having a hard time with this issue. Some sectors are working on intra-sector initiatives, including King County and hospitals.
- How will we avoid getting lost in all the initiatives? The RHIP work group determines the approach which could include phased steps.
- How do we engage with the community? Even though we are only developing an approach and not the actual plan, community input at each stage is desired.
- One seat on the work group still needs to be filled. There are ongoing discussions regarding filling the substance abuse and mental health sector seat.

Leadership and Decision Making

Kris Lee and Kim Tully agreed to act as co-leads for the work group. Their primary responsibility will be to work with Gloria on developing the meeting agendas.

The RHIP work group will be making decisions on what to recommend to the ILC. They determined the most effective form of voting would be a modified consensus approach using a “thumb” vote: thumb up for yes, thumb sideways for undecided or ambivalent, and thumb down for no. Silence will be taken as consent. Both the vote count and the issues and/or themes that emerge will be recorded in the minutes so as to provide a complete picture of the group’s recommendation to the ILC.

Some members requested additional time to digest the draft charter. Any additional feedback or thoughts on the charter should be sent to Gloria Albetta by the end of the day on Friday, July 31.

NEEDS SUMMARY

Gloria Albetta drafted a summary of health needs priorities that were identified through a review of strategic plans and assessments conducted during 2013 through 2015. The document was shared with the ILC for their preliminary review and will be included in the application for ACH designation being submitted to the State at the end of August. The group reviewed the document and shared suggestions for additional assessments and priorities, desired aspects of priorities (asset based rather than need based), and potential challenges; including:

- Additional assessment resources
 - Age Friendly Cities Framework
 - Keeping abreast of other community action agencies’ lessons and strategies in approaching their needs assessment projects
 - Private sector, e.g. bank and philanthropic, strategic plans may have value to add. It was noted that corporate strategic plans are not always aligned with overall population needs.

- Comprehensive plans do not always include assessments.
- Good geographical coverage is needed
- Engagement of the communities and faith-based organizations
 - There are better outcomes when change is owned at the grass roots level.
- The RHIP process should include an opportunity to look at community strengths and assets
 - Janna noted that Chicago has done amazing work in asset mapping by partnering with youth employment programs. It is an ongoing project providing employment for youth.
- Indicator projects, e.g. Communities Count, do not identify priorities and will not be part of the inventory.

IDENTIFY NEXT STEPS

Gloria will work with co-Leads Kris Lee and Kim Tully to plan the agenda for the next meeting scheduled for Thursday, August 20 from 12:00 – 2:00 pm.

MEETING ADJOURNED AT 12:32 P.M.